IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 — MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 131331 PIN# ~~4626.01.8028.505~~ 4627.06.0076 DATE ~~Sept~~ 28,05

OWNER OR CONTRACTOR The Farms LLC PHONE: Business (704) 660-1185 Home

ADDRESS 2214 Brawley School Rd, Mooresville, N.C. 28117

LOCATION Brawley School Rd TR McKendree TR Lakeview Shores Loop TR Abbot TR Willow Bend Ct. at end on left

SUBDIVISION The Farms BLOCK / SECTION 4 LOT 505 LOT AREA 1.983ac SITE CLASS PS DESIGN FLOW 440gpd L.T.A.R. .83

Septic Tank: 1000+ Gallons; STB 444 Date 2-21-07

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1215 Linear Feet 405

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI

System Description: Gravity 25% Reduction "Accepted"

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☐ Yes ☒ No ~~Initially~~

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

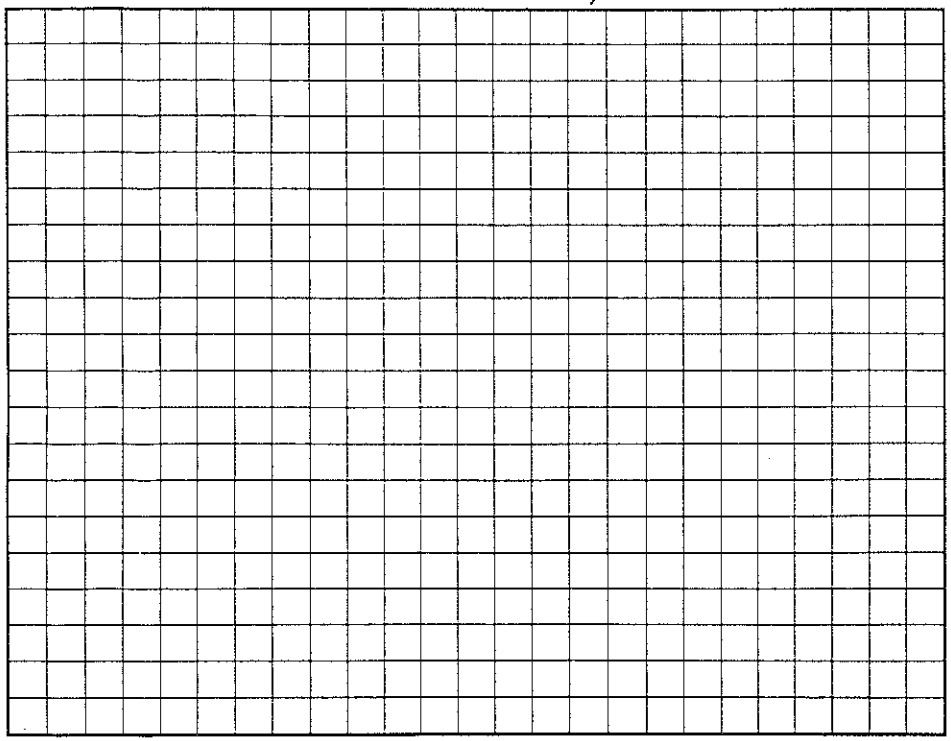
Water Supply: ☐ Individual ☒ Public ☒ Community

Comments:/Conditions:

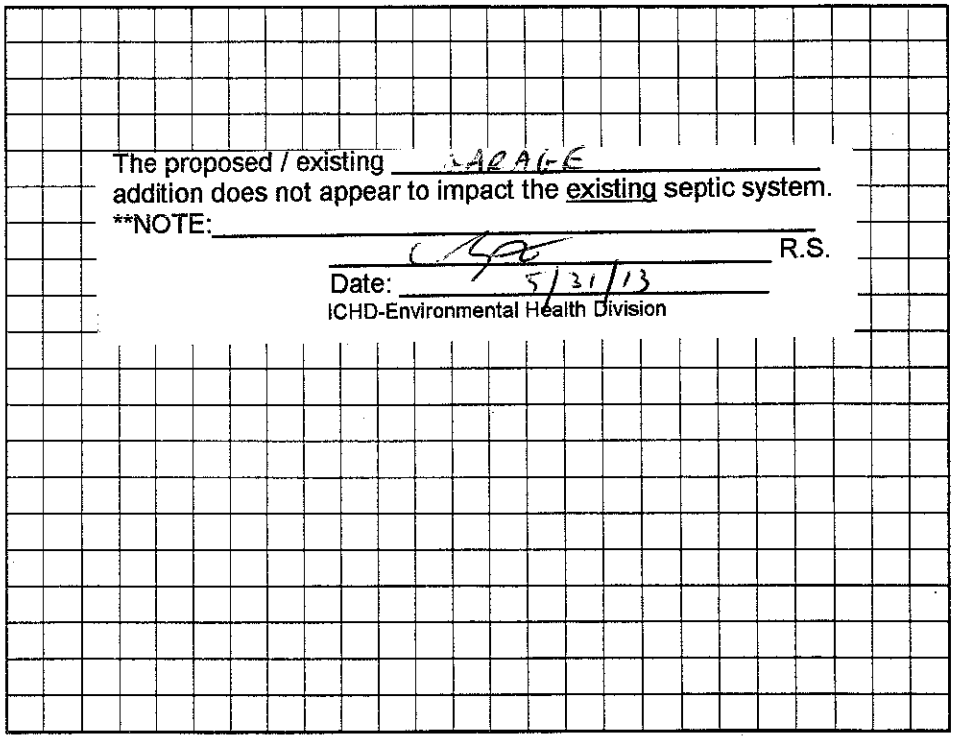
Original site evaluation and system design performed by Paul Pennington and Kathleen Hauser of SCMHE

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed / existing GARAGE addition does not appear to impact the existing septic system.

**NOTE: ____

R.S.

Date: 5/31/13

ICHD-Environmental Health Division

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Kathleen Hauser date 9/30/05

Improvement Permit by: [signature] date 9-28-05

Authorization to Construct by: [signature] date 10-10-06

Installed by: Stanly Septic

Operation Permit by: [signature] date 5-8-07

Existing System Inspection by: ____ date ____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK